## NOTICE OF INTENT TO COMPLY WITH MAINE GENERAL PERMIT FOR THE DISCHARGE OF STORMWATER FROM MUNICIPAL SEPARATE STORM SEWER SYSTEMS

PLEASE TYPE OR PRINT IN BLACK	(INK ONLY					
Municipality:	City of Portland	Mailing Address:	389 Congr	ess St.		
Town/City:	Portland	State:	Maine	Zip Code:	04101	
Name and title of chief elected official or principal executive officer:	Joseph Gray City Manager	Mailing Address:	389 Congress St			
Town/City:	Portland	State:	Maine	Zip Code:	04101	
Name of primary contact person responsible for MS4 stormwater management program:	Katherine Earley	Mailing Address:	Dept. Of Public Services 55 Portland St.			
Town/City:	Portland	State:	Maine	Zip Code:	04101	
Daytime phone: (with area code)	207-874-8830	Email if available:	kas@portl	andmaine.gov		
Estimate of the area in square miles of the Urbanized Area:	21.0 sq. miles	Prior DEP Permit Number(if applicable):	MER0412	24	-	
Name of stream(s), wetland(s) regulated Small MS4 discharge waterbody(s) which receive sto Small MS4 (attach additional s	Capisic Br	ook (impaire	d: Cat. 5-A),			
	ok", impaired: Cat. 5-A), Fall	Brook (impa	ired: Cat. 5-A	A),		
Long Creek (impaired: Cat	. 5-A), Nason's Brook (impa	ired: Cat. 5-A	A), Presumps	cot River (impair	ed: Cat. 4-C),	
Stroudwater River (impaire	ed: Cat. 5-A), Back Cove, Ca	sco Bay, For	re River, Por	liand Harbor		

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certity that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement knowingly made in the submitted information may be punishable as a criminal offense, in accordance with Maine General Statutes.

I certify that this permit registration is on complete and accurate forms as prescribed by the Department without alteration of the text.

I also certify under penalty of law that I have read and understand all requirements of the General Permit. I certify that all requirements for authorization under the general permit are met and that a system is in place to ensure that all terms and conditions of this general permit will continue to be met for all discharges authorized by this general permit for the municipality. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly making false statements.

Signature of chief elected official or principal executive officer:	Date:	Jun 27, 2008
executive officer:	~	

This NOI registration form must be filed with the Department at the following address: Stormwater Coordinator
Maine Department of Environmental Protection
Bureau of Land & Water Quality
17 State House Station
Augusta ME 04333-0017

	1 Cl. #		Staff	Staff	
OFFICE USE ONLY	Ck.#				
NOI# FP	FP	Date	Acc.	Def.	After Photos
		(HARCORD	Date	Date	Photos